Exhibit "E"

- 1. Sick-call requests
- 2. Utilization Management Referral Review Form
- 3. Daily Patient Assessment Sheet
- 4. PHS Nursing Evaluation Tools
- 5. Emergency



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Dehra Clackles	Date of Request: 3/26/05
ID# 15951/a	
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(P)lan:	
Refer to: MD/PA Mental Health Dental Dail	
Dental Dan	y Treatment Return to Clinic PRN
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Check One: ROUTINE) EMERGENCY ()	
If Emergency was PHS supervisor notified:	Yes () No ()
Was MD/PA on call notified:	Yes () No ()
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WHITE: INMATES MEDICAL FILE	4/14
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	E INITIALS RECEIPT PHS0160
GLF-1002 (1/4)	





PRISON HEALTH SERVICES, INC. SICK CALL REQUEST



Print Name: <u>Debra Clackler</u>	Date of Request: <u>5-8-05</u>
ID # <u>159516</u> Date of Birth:	1/-2/-5// I continue To a 2 / 21
Nature of problem or request: Abdominal pain. Also p	11-20 34 Location: Dorm 3 Bed 24 B
Pat and dript something the rain and huming and	un + barning in both sides, lunen I
eat and drink something the pain and burning ger Feel weak and faint and have difficulty breathing	S Worse and my andomen swells.
Teer wear will roun und mine arthroug preathing	when I lay down.
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(A)ssessment.	4
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(P)lan: Peason	•
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Refer to: MD/PA Mental Health Dental Daily	Treatment Return to Clinic PRN
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Follow up

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Debra Clacklev	Date of Request: <u>5-28-05</u>
1D # <u>/5/5/6</u> Da	ate of Birth: //-2/a-4// Location: Durm ? And 1/10
Nature of problem or request: Construction	D. T. HIPHIE Alex life to know what the outside
doctor said offer examining me no	May 16.
	0
	Makes Mackley
	- MICHIEL CHICKLER
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Date: 5 0 (10)	
Time: G25 AM PM	DECEMBE
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	Receiving Nurse Intials
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(S)ubjective: Coustinalian	Sucherould like to know U. I.
- Virgonical	lequel for country alie
have the	legued for conney allow
3	y v
(O)bjective (V/S): $\underline{T}: \mathcal{Y} \underline{\mathcal{Y}}$ P:	44 R: 18 BP: WT: 16
02 Sat 97	72
α σ, //	
(A)ssessment: P ANTIGITIES	- / Mariana Alimana
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(P)lan:	
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Defends NDD v	NUT
	ntal Daily Treatment Return to Clinic PRN
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If Emergency was PHS supervisor i	notified: Yes () No ()
Was MD/PA on call r	notified: Yes() No()
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THE STORY OF THE S	/SIGNATURE AND TITL
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El-4

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P	H	S

PRISON HEALTH SERVICES, INC. Follow up: 3rd request sick call request Print Name: Debra Clackler Date of Request: 6-16-05 Date of Birth: 11-210-54 Location: Dorm 3 Bed 26B 1D# 159516 Nature of problem or request: Breasts are extremely some and paintul. The fibraid cysts have increased and sprend to my underarm and the inside of my upper arm. I need to be scheduled for another maninogram. My last mammagram was July 2003. Signature DO NOT WRITE BELOW THIS LINE Date: 10 Time: Allergies: Date: Time: Receiving Nursé Intials 10 They break and sow and gainful & buest has
theilness to access would who to have mannagean
school (O)bjective c/o parque beat / desus monnique Omprever pape mannapan (P)lan: Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN Check One: ROUTINE (/) EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()

INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0154





PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Clackler, Debra ID # 1595/6 Date of Birt Nature of problem or request: Source obstruction. At andomen. Linux heart vide, Weakness an	h: 11-20-54 Location: 12-478 Phin 4 Swelling in Menter and with side
DO NOT WRITE BEL	Debro Clackles/ Signature
Date: 7 / 22/ Of Time: AM PM Allergies Que	RECEIVED Date: Time: 2 2 2 2005 Receiving Nurse Initials
(S)ubjective: My hears rede to low hard to come my breach from a gent black suger for E (O)bjective (V/S): T: P: 57. Skin werm and dy to tour pulse low. Boul some (A)ssessment: Alteration in company bound mount	Some some I have sair \$1.35 Daing solp me I here to have bour R: 18 BP: 1062 WT: 166
(P)lan: MD L3+	9/25/05
Refer to: MD/PA Mental Health Dental Dai CIRCLE O Check One: ROUTINE() EMERGENCY(If Emergency was PHS supervisor notified: Was MD/PA on call notified)	ily Treatment Return to Clinic PRN NE)

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0150



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: <u>Debra Ockler</u> Date of Request: 10-21-05 ID # 159516 Date of Birth: 11-21-54 Location: Day 12-Red 44	
Nature of problem or request: <u>lain</u> and <u>swelling</u> in upper abdamen and both sides. Chronic conshipation, Soreness in center of abdamen. I get nauseated after earing.	78
Delsa Clackler	
Signature DO NOT WRITE BELOW THIS LINE	
Date: 10 102 05 Time: 832 AM PM Allergies: Cookine RECEIVED Date: 9CT 21 2005 Time: Receiving Nurse Intials	
(S)ubjective: See NOT TOO!	
(O)bjective (V/S): T: 964 P: 48 R: 18 BP: 132/78 WT:	
(A)ssessment:	
(P)lan: M) list mem po 8000 x 3days	
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN	
CIRCLE ONE Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()	
SIGNATURE AND TITLE	MIR
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WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0141

Case 2,06-cv-00172-WHA-CSC Document 41-7 Filed 09/08/2006 Page Abdominal Pain	1
Facility: Tutwiler Correct	1
Patient Name: Cack of Debra	
Inmate Number: 195/6 th Date of Birth: 11 1 74 1 1954 th	
Date of Report: $\frac{10}{MM} \frac{122}{DD} \frac{1205}{YYYY}$ Time Seen: $\frac{632^{MM}}{MM} \frac{100}{MM} \frac{100}{PM}$ Circle One	
Subjective: Chief Complaint: Cuchwonic constipation; Screness ABD: pan/swells	i i
Onset: July 7005	A
History: after Surgery in June 4h's began myuning of strange	in L
(Continue on back innecessary) after early	<u> </u>
Pain Description: Sharp Dull Crampy Burning Location: RUQ LUQ Intermittent Radiation to: RLQ LLQ Other:	on back
La L	
Davi palli / UNO Pres Other:	Yes
* FEMALE: LMP:	de
Pregnancy Test: negative / positive / NA (gricle One) The positivity of pregnancy exists for any female of potential childbearing age unless a	10 m
Pregnancy Test: negative / positive / NA (Orcle One) Objective: Vital Signs: (If Indicated) T: 15 Properties RR: 18 Pro	7
General appearance: No acute distress Acute distress Unable to stand great D Knoop drawn un	
Skin: Warm Cool Dry Moist/clammy Skin Color: Normal Pallor Flushed Jaundice Mucous Membranes: Moist Dry	
ABDOMINAL EXAM	
Bowel sounds: Present Decreased Absent Abdomen: Soft Guarding Distended Non-Tender Dender Wichk Office Quarting	
Pain induced/increased with: Walking Disko Disko	
Pain induced/increased with: Gentle abdominal palpation 🖸 No 📴 Yes	
☐ Additional Examination: Continue on back if necessary)	
Assessment: (Referral Status) Preliminary Determination(s):	ж
Referral Required due to the following: (Check all that apply)	
Authornial Vital Signs U Distended/rigid abdomen Persistent Nanses and/or vomiting	
Pallor, moist clammy skin Recurrent Complaint (More than 2 visits for the same complaint)	plaint)
Other:You should contact a physician or nursing supervisor if you have any questions about the status of the patient.	•
Plan: Unstructions to return if condition worsens or does not improve	
Check At That Apply:	
- Ludeauon of Liestyle Modifications to prevent reflux	
which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worser abdominal pain, fever.) as well as appropriate follow-up. The S. D. NO. (If NO. then exhect the restant for expectation of the propriate follow-up. The S. D. NO. (If NO. then exhect the restant for expectation of the propriate follow-up. The S. D. NO. (If NO. then exhect the restant for expectation of the propriate follow-up. The S. D. NO. (If NO. then exhect the restant for expectation of the patient for exhect the propriate follow-up.	
G-Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms f which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worser abdominal pain, fever.) as well as appropriate follow-up. G-YES □ NO (If NØ then schedule patient for appropriate follow-visits) □ OTC Meds given: □ Pepto-Bismol 10-15 cc PO X1 dose (or) Maalox 30 cc PO X1 dose (or) Mylanta 30 cc PO □ Other OTC Medications given □ NO □ YES (If Yes List):	
which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worser abdominal pain, fever.) as well as appropriate follow-up. NO (If NO then schedule patient for appropriate follow-up: NO NO NOTE Medications given: Pepto-Bismol 10-15 cc PO X1 dose (or) Maaalox 30 cc PO X1 dose (or) Mylanta 30 cc PO Other OTC Medications given NO PES (If Yes List): Referral: NO PES (If Yes, Whom/Where):	
which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worser abdominal pain, fever.) as well as appropriate follow-up. NO (If NO then schedule patient for appropriate follow-up of the nature of their medical condition and signs and symptoms of which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worser visits) OTC Medications given: Pepto-Bismol 10-15 cc PO X1 dose (or) Maalox 30 cc PO X1 dose (or) Mylanta 30 cc PO Other OTC Medications given NO YES (If Yes List):	

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Site Phone #	Alias: (Last, First.)		Date of Birth: (mm/dd/yy	7
334-514-6269	Markler	Debra	11261	143
Site Fax #	lumato #	15 517,1 4	PHE Custody Date: Intro	odyw)
334-514-9559	159516		I TO TOTA	-U =
	SS Number		Potential Release Date:	mm/dd/yy) Li
Will there be a charge? Sex ☑ Yes ☐ No ☐ Make ☑ Fernale	41780	1985	05,23,	3-10 15
☑ Yes ☐ No ☐ Hale ☑ Fernalo	Health Eng. (Bachides Modica	re/Medicald Managed Cart altern	attvo plans)	200
Responsible party: Auto Inc.	Other, be specific (Excludes			
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Requesting Provider: Physician	NP. PA Doods	History of nineas/inju	ryisypinitoms with Dato of On	set.
Samuel Engelhardt, M.D.	Zilan	1/100	Mes Wens	Bud
Facility Medical Director Signature and	Date /	avior	7,77	
		Montes	Meal Willis	4/53 ;
Service meets criteria for 'approvál via protocol		To come	1	, 1
Place a check mark (*) in the Service T	pe requested (one unty) and	ust 1	es Vinling /	1
Office visit (OV)	Scheduled Admission (SA)	Results of a complain	nt succeed physical examine	tions
Outpetent Surgery (OS) Doubets (OA)		An	len -	
2 Houthe	Utrgent	July and a	11 pa/bus 5	12e
Estimated Date of Service (mm/dd/yy)		a ferres (1/4
(This starts the approval window for the	"open authorization period")	Mech	415 70	deper
Multiple Visits/Treatments:	Radiation therapy		I and muci	Kina -
Number of Visits/Treatments:	Chemothospy Glaba	Markens	A STATE OF THE PARTY OF THE PAR	-
1 1-1	256	Previous treatment	and response (including med	ilcations):
Specialist referred to:	rolling 1	1 l	1	4
Type of Consultation, Treatment, Pro-	dure or Surgery:	Drova	re-not res	ponduc
Ve.	Vis COU	<u> </u>		1 5
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Diagnosts: abasimal vag	gisteed in a Tub			
You must include copies of pertinent	eports such as lab results,	****	and safety, please do not	inform nations of
ray interpretations and specialty cons		pos	sible follow-up appointme	ente ^{ten}
Portinent Documents have been				
UNI DETERMINATION:	Offste Service Roommenck	KI and Authorized		
Alternative Treatment Plan (explain here):				
More Information Requested: (See Attached	Dale resultabled			
Resubmitted with requested information.				_ /
Regional Medical Director Signature,			11 21	2
printed name and date required:				1.V
	not write bolow this line. For Ca	se Manager and Consorate	Data Entry ONLY.	
Cort Type: Med Cital : (V	CPT GOODS: 1	()	URAMINE 1 -	26607
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Case	2:00-cv-001/2-WHA-CSC Document41-7 Filed 09/00/2006 Page 11 01 14
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1/27/05	12 9 A - lesting Oiretles
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/	Julse decrease & Slair Color Pink and dry
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	P- Cont Plan of care.
	E. Encouraged to increase fluids, and deep Ereatho
	L'Alinea y

06-cv-00172-WHA-CSC Document 41-7 Filed 09/08/2006 Page 12 of 14 Nursing Evaluation Tool: Abdominal Pain Facility: Tutwiler Correctional Facility E4-1 Patient Name:)ebra Inmate Number: Date of Birth: Time Seen: 832 Date of Report: AM/ PM Circle One Subjective: Chief Complaint: History: Check Here if additional notes on back Location: RUQ <u>U</u>LUQ ☐ Intermittent ☐ Constant ☐ Radiation to: RLQ RLQ ULLQ_ Other: ☐ Normal ☐ Constipation ☐ Diarrhea x stools Color change:

No

Yes: Associated symptoms: Nausea

No Yes Yes Vomiting W No Yes (x Painful urination No Back pain P Yes menupulsal ☐ No Other: * FEMALE: LMP: Vaginal Discharge: ☐ No ☐ Tes (Describe). Pregnancy Test: negative / positive / NA (G * The posyribility of pregnancy exists for any female of potential childbearing age unless a ectomy or hysterectomy has been performed. Objective: Vital Signs: (If Indicated) General appearance: ☐ No acute dietress ☐ Acute distress ☐ Unable to stand erect ☐ Knees drawn up Skin: DWarm Cool Dry Moist/clammy Skin Color: Normal Pallor Flushed Jaundice Mucous Membranes: Moist □ Dry ABDOMINAL EXAM Bowel sounds: Present the Tender Michigan of ABO of LUQ ☐ Absent ☑ Decreased Abdomen: Soft Guarding Toistended ☐ Non-Tender Pain induced/increased with: Walking No D Yes Pain induced/increased with: Gentle abdominal palpation \(\sigma \) No \(\subseteq \gamma \) es ☐ Additional Examination: Continue on back if necessary) ☐ Check Here if continued on back Assessment: (Referral Status) Preliminary Determination(s): ☐ Referral Not Required Referral-Required due to the following: (Check all that apply) Abnormal Vital Signs Distended/rigid abdomen Persistent Nausea and/or vomiting ☐ Bloody or "Tarry" stools Pallor, moist clammy skin Recurrent Complaint (More than 2 visits for the same complaint) Other: You should contact a physician or nursing supervisor if you have any questions about the status of the patient. ☐ Instructions to return if condition worsens or does not improve Plan: Check All That Apply: ☐ Education on bowel elimination ☐ Education on Lifestyle Modifications to prevent reflux ☐ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. The S D NO (If NO then schedule patient for appropriate follow-up visits) ☐ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO X1 dose (or) ☑ Maalox 30 cc PO X1 dose (or) Mylanta 30 cc PO ☐ Other OTC Medications given ☐ NO ☐ YES (If Yes List): Referral: NO PYES (If. Yes, Whom/Where): ☐ Urgent ☐ Emergent (if emergent who was centacted Time

DHC 1181

Nursing Evaluation Tool:

Abdominal Pain

E4-2

Facilit	ty: Alabama Department of Corrections
Patien	nt Name: (lackber, Debra
Inmate	Last First 1 7 7/MI
ll l	7 17 06 mm
Date o	of Report: Time Seen: 75 (AM) PM Circle One
Subjective:	Chief Complaint: I am having a lot of abdominal pain from
- '	ain, E nausea & H/AD
History:	
(Continue on back	Weated for the mobilers in past & Gutihistics & Ma
Pain Descri	iption: Sharp Dull Crampy Deurning Location: RUQ DLUQ
☐ Other:	/ / /
Outer	il an (Bulcolax = po an Holds) 3 stools yest. Depigastric Diffuse
Last BM: 1	□ Normal □ Constipation □ Diarrhea x stools Color change: □ No □ Yes:
Associated	d symptoms: Nausea □ No □ Yes Vomiting □ No □ Yes (x 2) Painful urination □ No □ Yes Back pain □ No □ Yes Other:
Objective:	Vital Signs: (If Indicated) T: 98 P: 54 RR: (6 B/P: 144/82
General a	ppearance: No acute distress Acute distress Unable to stand erect Knees drawn up
Skin: □	Warm □ Cool □ Øry □ Moist/clammy Skin Color: □ Normal □ Pallor □ Flushed □ Jaundice
Mucous N	membranes: UMnoist U Dry
	MINAL EXAM
	ounds: Present Decreased Absent n: Decreased Non-Tender Non-Tender Decreased Non-Tender
	Incation
	uced/increased with: Walking 🖹 No 🗋 Yes uced/increased with: Gentle abdominal palpation 🗎 No 🗎 Yes
Additional	al Examination: 1 enderness to abdance & palpatice
Continu	e on back if necessary)
A	Check Here if continued on back
	Preliminary Determination(s): <u>Clock at ion</u> Conforce Required due to the following: (Check all that apply)
	Property Beguired due to the following to the following to
	Abnormal Vital Signs
	Bloody or "Tarry" stools Pallor, moist clammy skin
	Other:
	You should contact a physician or nursing supervisor if you have any questions about the status of the patient.
Plan:	☐ Instructions to return if condition worsens or does pet improve
heck All That Apply:	☐ Education on bowel elimination ☐ Education on Lifestyle Modifications to prevent reflux
	Example 2 decays and symptoms for the nature of their medical condition and signs and symptoms for
	which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. YES NO (If NO then schedule patient for appropriate follow-up)
	visits)
	☐ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PQ X1 dose (or) ☐ Maglox 30 cc PQ X1 dose ☐ Other OTC Medications given ☐ NO ☐ YES (If Yes List): Fepto Bismol tabs ☐ PO NOWX
Referral:	NO PYES (If Yes, Whom/Where):
	MM DD YYYY
	γ_{α}
	Nurses Signalure Name: Lynda t. Ministry Printed

EMERGENCY

ORIGINATING FACILITY AM OSIR OPDL OESCA	APEE D SICK CALL DEMERGENCY
. Colein	CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA
NS: TEMP 9717 ORAL RESP. 16	PULSE 50 B/P 18, 6 & RECHECK IF SYSTOLIC /
OF INJURY OR ILLNESS OZ SAF 97 %	ABRASION /// CONTUSION # BURN XX XX FRACTURE Z LACERATION /SUTURES
The how abdomed prince of the same of the part of the same of the prince of the part of th	PROFILE RIGHT OR LEFT RIGHT OR LEFT ORDERS / MEDICATIONS / IV FLUIDS TIME BY
to fluid intake.	
E- Sty When Joson grang & Minig DIAGNOSS	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE DISCHARGE DATE NURSES SANTURE NURSES SANTURE	AMBULANCE SATISFACTORY POOR CRITICAL ATE CONSULTATION
INMATERIAME KAST, FIRST, MIDDLE) NUMM, Debyn	159511 11 hujsy Wife Jic